

The Doctor May Be Out but It's Business as Usual Billing Guidelines for Locum Tenens Services

We all take time-off from work now and then and let's face it, the world doesn't stop in our absence. Anything from a planned vacation to an unexpected illness can cause disruption to the flow of a practice's clinical services.

When a doctor is out, s/he can call in a substitute physician for coverage and bill Medicare for the substitute's services as if they were his/her own. Maternity leave, vacation, continuing education, and recuperation from illness/surgery are common scenarios that get billed under **Medicare's FEE-FOR-TIME COMPENSATION ARRANGEMENTS** (*formerly referred to as Locum Tenens Arrangements*). In this arrangement a substitute physician (*formerly referred to as a Locum Tenens*) can provide coverage for the regular physician for up to 60 consecutive days (the regular physician is the one requiring a substitute). Services rendered by the substitute physician are billed under the regular physician's NPI; modifier Q6 is appended to the billing code to identify the service as having been performed by a substitute. Physician Assistants and Nurse Practitioners are not eligible to call in, or serve as, substitute providers.

Substitute physicians are defined as those who don't usually have their own practices and move from area to area as independent contractors. They are not employees of the groups for which they provide substitute services. The main rules for the Fee-For-Time Compensation Arrangements policy closely mirror those of the former Locum Tenens policy and are summarized below.

- While the substitute physician is covering, the regular physician is not available to provide services
- A patient service has been scheduled or is needed from the regular physician
- The substitute physician is paid for his/her service on a per diem or similar fee-for-time basis
- The substitute physician doesn't fill-in for the regular physician for more than 60 days
- The regular physician cannot provide services in another facility or bill claims while a substitute is filling in for him/her – remember, the regular physician is presumed to be unavailable

APS performs Fee-For-Time Compensation billing on a regular basis for many of our clients and offers these tips:

The 60 day coverage limit means 60 consecutive days (including weekends and holidays) from the date of the first substitute service. Whether or not the substitute provides services on all, or some, of those 60 days is irrelevant as it is the time period, not the number of days that services are provided within it, that is measured.

- ✓ There is an exception to the 60 day limit for regular physicians called to active duty in the Armed Forces

The practice must keep on file a record of each service furnished by the substitute.

- ✓ This should be accompanied by the substitute's schedule

The Substitute's schedule should be sent to the billing entity on a timely basis where it will help direct the billing as well as serve as supporting documentation in the event of a carrier audit

The substitute does not have to be enrolled in Medicare or be in the same specialty as the regular physician but must have an NPI and possess an unrestricted license in the state in which he/she is practicing.

This arrangement may also be used for situations in which a regular physician is leaving the practice; the substitute may cover for him/her for up to 60 days. The group must inform the exiting physician in writing that it has the ability to bill the substitute's services using her/his NPI and the Q6 modifier.

- ✓ The group has up to 90 days to notify CMS Provider Enrollment that a provider has left the group

Formal CMS policy can be located [here](#).